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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Title of Invention	INFORMATION PROCESSING APPARATUS, DEFECT ANALYSIS PROGRAM, DEFECT ANALYSIS METHOD, AND APPLICATION PROGRAM DEVELOPMENT ASSISTANCE SYSTEM
	Named Inventor(s)	NOBUYUKI YAMAUCHI; NATSUMI MATSUMOTO; AKIRA SAWAOKA
	Attorney Docket	44471/251413
	Express Mail Label No.	EL561430435US

APPLICATION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
2. <input type="checkbox"/> Applicant claims Small Entity status	a. <input type="checkbox"/> Computer Readable Copy
3. <input checked="" type="checkbox"/> Specification, Claims, and Abstract Total Pages 66	b. <input type="checkbox"/> Paper Copy (identical to computer copy)
4. <input checked="" type="checkbox"/> Drawings Total Sheets 40	c. <input type="checkbox"/> Statement verifying identity of above copies
5. Oath or Declaration Total Pages	8. <input type="checkbox"/> Assignment:
a. <input type="checkbox"/> Newly executed (original or copy)	a. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 16 completed) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	b. <input type="checkbox"/> Assignment is of record in parent application No. _____
(i) <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney by assignee
6. <input type="checkbox"/> Microfiche Computer Program (Appendix)	10. <input type="checkbox"/> English Translation Document (if applicable)
	11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) PTO- 1449 <input checked="" type="checkbox"/> Copies of IDS Citations
	12. <input type="checkbox"/> Preliminary Amendment
	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	14. <input type="checkbox"/> Certified Copy of Priority Document(s)
	15. <input type="checkbox"/> Other: _____
16. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Recite complete dependency back to first parent application: _____	
17. CORRESPONDENCE ADDRESS: ROGER T. FROST KILPATRICK STOCKTON LLP 2400 Monarch Tower 3424 Peachtree Road, N.E. Atlanta, Georgia 30326	
By: <u>[Signature]</u> Reg. No. 22,176 Date: December 28, 2000 Telephone: 404-949-3999 Facsimile: 404-949-2499	

FEE TRANSMITTAL

Attorney Docket No. 44471/251413

(13700)

This sheet accompanies a patent application transmittal for the following application:

Inventor(s): **Nobuyuki Yamauchi, et al.**Filing Date: **Concurrently Herewith**Title: **INFORMATION PROCESSING APPARATUS, DEFECT ANALYSIS PROGRAM,
DEFECT ANALYSIS METHOD, AND APPLICATION PROGRAM
DEVELOPMENT ASSISTANCE SYSTEM**

The filing fee is calculated as shown below:

1. FILING FEE:**SMALL ENTITY****LARGE ENTITY**

FOR:	FEE	FEE PAID	FEE	FEE PAID
<input checked="" type="checkbox"/> UTILITY FILING FEE	\$355		\$710	\$710
<input type="checkbox"/> DESIGN FILING FEE	\$160		\$320	
<input type="checkbox"/> PLANT FILING FEE	\$245		\$490	
<input type="checkbox"/> REISSUE FILING FEE	\$355		\$710	
<input type="checkbox"/> PROVISIONAL FILING FEE	\$75		\$150	
SUBTOTAL (1)		\$xxx		\$710

2. CLAIMS:**SMALL ENTITY****LARGE ENTITY**

FOR:	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE
TOTAL CLAIMS	20 - 20 =	0	x 9 =		x 18 =	0
INDEP. CLAIMS	4- 3 =	1	x 40 =		x 80 =	80
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+135 =		+270 =	
SUBTOTAL (2)				\$xxx		\$80

3. ADDITIONAL FEES:**SMALL ENTITY****LARGE ENTITY**

FOR:	FEE	FEE PAID	FEE	FEE PAID
<input checked="" type="checkbox"/> LATE FILING, FEE OR OATH	\$65		\$130	\$130
<input type="checkbox"/> NON-ENGLISH SPECIFICATION	\$130		\$130	
<input type="checkbox"/> OTHER				
SUBTOTAL (3)		\$xxx		\$130

TOTAL FILING FEES: \$920A check is enclosed for the total amount: **\$920**☒ Charge any additional fees required under 37 C.F.R. 1.16 or 1.17 to Deposit Account 11-0855.

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